On Monday, March 28th, President Biden released his federal budget request to Congress for Fiscal Year 2023 (FY23). In addition to the topline budget, each agency releases budget justification documents to Congress outlining their activities and planned activities with the money requested. Budget documents are non-binding and are only reflective of what the administration is asking Congress to approve for the upcoming fiscal year. Below is a summary of provisions related to EHI's priority areas.

The President's Budget
Includes topline priorities for the administration
- "The President also supports extending telehealth coverage under Medicare beyond the COVID-19 Public Health Emergency to study its impact on utilization of services and access to care."
- $9.9b for public health infrastructure.
- The budget includes $470m to: reduce maternal mortality and morbidity rates; expand maternal health initiatives in rural communities; implement implicit bias training for healthcare providers; create pregnancy medical home demonstration projects; and address the highest rates of perinatal health disparities, including by supporting the perinatal health workforce.
- $81.7b for public health modernization.

Department of Health & Human Services Budget in Brief
With additional details from agency budget justifications

Health Resources and Services Administration (HRSA)
- $45m for telehealth ($9m increase over FY22 enacted levels):
  - Advancing telehealth services that increase health care quality and access, expand provider access to specialized expertise, and improve health outcomes in rural and underserved areas.
  - The budget also includes language requesting an expansion of the legislative authority for the Office for Advancement of Telehealth, which will allow HRSA to support telehealth innovation and best practices across the Department.
- The budget requests $169m to support investments in information technology, cybersecurity, program integrity, and other operational costs necessary to execute the significant expansion of HRSA's responsibilities in recent years.

Agency for Healthcare Research and Quality (AHRQ)
- The budget includes funding for AHRQ for activities to evaluate the effects of telehealth on healthcare delivery and health outcomes.
- It will also support the establishment of two Centers of Excellence in Telehealth Implementation, which will play a role in evaluating the effects of telehealth on healthcare delivery and health outcomes to ensure the promise of telehealth is delivered through evidence-based practice and policy. The Centers of Excellence in Telehealth Implementation would be critical in generating evidence on questions such as how telehealth can improve equity through expanded healthcare access to high quality care for diverse populations and how remote monitoring can improve quality and equity while reducing unnecessary utilization.
- The budget provides $18m for the AHRQ digital healthcare research portfolio, which provides foundational research to ensure that digital healthcare systems are designed and implemented

in ways that improve quality, safety, and equity while not resulting in excessive burden on physicians and other members of the care team.

Centers for Medicare & Medicaid Services (CMS)
- The Administration is expanding access to mental health and beneficiary-centered care under Medicare via greater use of telehealth and other telecommunications technologies to provide behavioral healthcare, among other services. This includes a recent expansion of Medicare coverage of audio-only telephone calls for certain behavioral health services.
- In CY 2021, the CMS Innovation Center added a telehealth benefit enhancement to the Primary Care First model, waiving the geographic originating site requirement for the furnishing and billing of telehealth services.
- The budget includes $3.0b at the program level for CMS Information Technology:
  - $646m to prioritize cybersecurity enhancements and continue progress in modernizing outdated Medicare payment systems and continue the multi-year effort to comply with system upgrade requirements across the entire IT landscape.

Office of the National Coordinator for Health IT (ONC)
- The budget request for ONC for FY23 is $104m, a $40m increase from FY22 enacted levels. These resources will be provided through the Public Health Services Act Evaluation set-aside.
- The FY23 budget provides $39m, an increase of $18m, to advance the implementation of the Common Agreement through the three-year FHIR Roadmap published at the beginning of 2022.
- The budget provides ONC with the resources to address technical barriers and business practices that may impede the secure and appropriate sharing of data and allows ONC to continue promoting transparency, working with stakeholders, and using modern computers, smartphones, and software to provide opportunities for the American public to regain visibility in the services and quality of healthcare.
- The budget includes $52m for ONC's Standards, Certification, and Interoperability work, an increase of $20m above the FY22 enacted level.
  - ONC's next rule includes provisions related to: the EHR Reporting Program condition and maintenance of certification requirements under the ONC Health IT Certification Program; a process for health information networks that voluntarily adopt the TEFCA to attest to such adoption of the framework and agreement; and enhancements to support information sharing under the information blocking regulations. The rulemaking would also include proposals for new standards and certification criteria under the Certification Program related to real-time benefit tools and electronic prior authorization and potentially other revisions to the Certification Program.
- The budget includes a legislative proposal to provide ONC with the authority to create an advisory process to issue opinions on information blocking practices
  - This will allow individuals or entities to request advisory opinions from ONC concerning whether the requestor's practice or proposed practice is considered "information blocking"
  - The opinion would advise the requester whether, in the Department's view, a specific practice would violate the information blocking statutory and regulatory provisions; it would be binding on the Department, such that the Department would be barred from taking enforcement action against the practice.
  - It would provide ONC with the authority to collect and retain fees charged for issuance of such opinions, and to use such fees to offset the costs of the opinion process.

- The budget provides $20m to continue the agency's work in implementing strategies to make health information more readily available to patients and to further its equity-by-design approach.

Office of Civil Rights (OCR)
- The budget includes a legislative proposal to increase the amount of civil money penalties that can be imposed in a calendar year for HIPAA non-compliance and authorizes OCR to work with DOJ to seek injunctive relief in federal court for HIPAA violations.

Office of the Inspector General (OIG)
- The budget includes $5m to execute investigative and enforcement authorities related to information blocking
- The budget includes $113m for cybersecurity activities, information blocking and pay increases in Public Health and Human Services Oversight
- The budget includes $15m to hire specialized personnel from a competitive cybersecurity job market, increase OIG's cybersecurity efforts, support needed expansions in digital technology, modernize OIG's IT infrastructure, and further promote an artificial intelligence-ready workforce.

Assistant Secretary for Preparedness and Response (ASPR)
- The FY23 budget provides ASPR $3.6b in discretionary funding, an increase of $483m above FY22 enacted levels.
- Expected outcomes of investments include supporting the advanced development and procurement of diagnostics, advanced disease surveillance technologies, next-generation personal protective equipment, and other medical countermeasure technologies.
- The budget provides $292M to the Hospital Preparedness Program. This program supports a broad spectrum of stakeholders through the COVID-19 response and various current events, including cyberattacks.

Indian Health Service (IHS)
- The budget invests an additional $6b from FY24 – 28 to complete the transition to an improved and modernized EHR system.

Centers for Disease Control and Prevention (CDC)
- The budget provides $200m for CDC's Data Modernization Initiative to continue to modernize public health data systems nationwide that will last beyond the current pandemic. The funding will also help facilitate an "equity-centered" data system that improves data quality and makes data more complete, accessible, and representative of all people.

Food and Drug Administration (FDA)
- The budget includes $83m, an increase of $68m above the FY22 enacted level, to support ongoing enterprise technology and data modernization efforts.
- The budget includes $6M to improve the safety and security of medical devices, help address issues with legacy devices, and improve the resiliency of the domestic supply chain overall.
- The budget includes 4.2b for medical product safety investments. This is an increase of $253m above FY 2022 enacted.
  - Includes $2.2b in user fees, including bolstering medical device security.

- The budget includes $6m to address cybersecurity vulnerabilities by improving the safety and security of medical devices.

Office of the Chief Information Officer (OCIO)

- The budget includes $161m for HHS Cybersecurity Program to strengthen HHS's cybersecurity posture across the department:
    - $50m to implement Zero Trust architecture and security logging.
    - $0.5m will go towards standing up a Supply Risk Management program.
    - The budget also supports the continued operations of the Cybersecurity program.

Office of National Secruity
- The budget includes $9m, an increase of $473k over FY 2022 enacted. Funding goes toward many programs, including cyber threat intelligence and supply chain risk management.
- The budget includes $21.9m for HHS Protect program which enables the US government to harness the full power of healthcare data for public health.